

# CUB SCOUT CAMP ADULT/STAFF APPLICATION

Name: \_\_\_\_\_ District: \_\_\_\_\_ Pack: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Circle Which Camp Are You Attending:**

**Watertown-June 22 & 23 OR Aberdeen-July 6 & 7**

**CIRCLE Dates Available to Help: (Depending on your camp dates)**

**MON TUES WED THURS FRI SAT**

Scouting Experience: \_\_\_\_\_

**Are you currently Registered with Boy Scouts? YES / NO**

If no, please fill out & attach a BSA Adult Leader form. If you are not registering with a Pack, the form does not need Committee Chair or Charter Rep. signatures. Mark 'DAY CAMP' on top of form.

**Please circle the positions you would like to be considered for at Camp:**

Archery Range Director\*#

Health Officer+

Business Manager

Archery Range Staff

Crafts

Sports

BB Range Director\*#

Nature

Knots/Rope

BB Gun Range Staff

Scout Craft/Skills

Leather

Other: \_\_\_\_\_

Station Leader

Station Assistant

Den Walker

with Son? YES / NO

If yes, son's name \_\_\_\_\_

\*Must be 21 years old

+must have standard 1<sup>st</sup> Aid and CPR training

#BSA/NRA/NAA Training Required

**Do you have the following certifications?**

CPR Yes / No Expiration Date: \_\_\_\_\_

Basic First Aid Yes / No Expiration Date: \_\_\_\_\_

Additional. First Aid Yes / No Expiration Date: \_\_\_\_\_

Youth Protection Yes / No Expiration Date: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_

Send Application to:

Cub Scout Camp Committee

Rhonda Stengel

47653 148th Street

Milbank, SD

57252-5951

**All staff must complete a health forms A & C**

**Please Attach with this Application:  
Health Form & Adult BSA Reg. form**